AIRS Registration and User Profile Form

10 Feb 95

General Registration Information for ALL Subsystems

Today's Date: /   /

Add	Change	Delete
☐	☐	☐

User's Name: _____   NCC User ID: ___ ___ ___

Organization Name: _____

Office/Division/Branch: _____

Address: _____

City: _____   State: _____   ZIP: _____

Commercial Phone: FAX Number:

(___) _____   (___) _____

NCC Bin #:	Default Printer ID #:	NCC Account #1:	NCC Account #2:
_____	_____	__ ___ ___ ___	__ ___ ___ ___

User Category (Check One):

☐ (R) Region:_____   ☐ (S) State:_____   ☐ (L) County: _____   ☐ (L) City:_____

☐ (E) EPA   ☐ (C) EPA Contractor   ☐ (F) Federal Agency   ☐ (G) General

☐ (A) ADBA   ☐ (O) Other Not Classified

AFS
(AIRS Facility Subsystem)

User Class: *Circle one:*	Compliance Read: *Circle one:*	ComplianceUpdate: *Circle one:*	Emissions Read: *Circle one:*	Emissions Update: *Circle one:*
C S R N G	0 1	0 1 2	0 1	0 1 2

SIP Inventory Read:	SIP Inventory Update:	Regional SIP Approval Authority for States:
0 1	0 1 2	__:__:__:__:__:__:__:__

For County Users: State: ____   Counties: __:__:__:__:__:__:__:__:__:__

Authorization(s):

Title:	Name (Please Print):	Signature(s):	Date:

AQS

[Air
Quality
Subsystem]

☐ *Check this box for Read-Only Retrieval access*

Region/State AQS Contact:

*** IMG Use Only ***

Date Added: / /

Name (Please Print):

Signature:

List Screening Files(s) for Access

☐ Read Only

☐ Update

AMS (Area & Mobile Source Subsystem)

Read Authority for State's Private Data:

State - County		State - County	
a. _____ - _____		f. _____ - _____	
b. _____ - _____		g. _____ - _____	
c. _____ - _____		h. _____ - _____	
d. _____ - _____		i. _____ - _____	
e. _____ - _____		j. _____ - _____	

Update Authority for State Data:

State - County		State - County	
a. _____ - _____		f. _____ - _____	
b. _____ - _____		g. _____ - _____	
c. _____ - _____		h. _____ - _____	
d. _____ - _____		i. _____ - _____	
e. _____ - _____		j. _____ - _____	

Read Authority for SIP Approval (EPA Only):

☐ Entire U.S. ☐ Region: ____

Update Authority for SIP Approval (EPA Only):

☐ Entire U.S. ☐ Region: ____

Approval Authority Name (Please Print):

Approval Authority Signature:

Date: / /

Notes:

_____

_____

_____

_____

_____